

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION**

In re:

OKEVER MOORE JR  
SARAH ANN MOORE  
Debtor(s)

Case No. 17-01174

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**CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT**

Tom Vaughn, chapter 13 trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C. § 1302(b)(1). The trustee declares as follows:

- 1) The case was filed on 01/16/2017.
- 2) The plan was confirmed on 03/20/2017.
- 3) The plan was modified by order after confirmation pursuant to 11 U.S.C. § 1329 on 07/11/2017.
- 4) The trustee filed action to remedy default by the debtor in performance under the plan on NA.
- 5) The case was dismissed on 02/05/2018.
- 6) Number of months from filing to last payment: 9.
- 7) Number of months case was pending: 14.
- 8) Total value of assets abandoned by court order: NA.
- 9) Total value of assets exempted: NA.
- 10) Amount of unsecured claims discharged without payment: \$0.00.
- 11) All checks distributed by the trustee relating to this case have cleared the bank.

**Receipts:**

Total paid by or on behalf of the debtor \$6,396.00  
Less amount refunded to debtor \$0.00

**NET RECEIPTS: \$6,396.00**

**Expenses of Administration:**

Attorney's Fees Paid Through the Plan \$3,881.02  
Court Costs \$0.00  
Trustee Expenses & Compensation \$295.18  
Other \$0.00

**TOTAL EXPENSES OF ADMINISTRATION: \$4,176.20**

Attorney fees paid and disclosed by debtor: \$0.00

**Scheduled Creditors:**

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
AT&T CORP	Unsecured	198.11	1,230.05	1,230.05	0.00	0.00
CHICAGO LAKE SHORE MED ASSOC	Unsecured	30.00	NA	NA	0.00	0.00
Choice Recovery	Unsecured	950.00	NA	NA	0.00	0.00
CITY OF BERWYN	Unsecured	500.00	NA	NA	0.00	0.00
CITY OF BURBANK	Unsecured	200.00	NA	NA	0.00	0.00
CITY OF CHICAGO DEPT OF REVENUE	Unsecured	2,800.00	NA	NA	0.00	0.00
COMCAST	Unsecured	445.00	NA	NA	0.00	0.00
COMCAST	Unsecured	810.31	NA	NA	0.00	0.00
COMMONWEALTH EDISON	Unsecured	168.46	NA	NA	0.00	0.00
COOK BROTHERS	Unsecured	1,500.00	NA	NA	0.00	0.00
EXETER FINANCE CORP	Secured	14,833.00	15,242.50	14,833.00	1,579.04	473.06
EXETER FINANCE CORP	Unsecured	NA	NA	409.50	0.00	0.00
FIRST PREMIER BANK	Unsecured	913.00	NA	NA	0.00	0.00
FLEXPLAY PLUS	Unsecured	1,935.00	NA	NA	0.00	0.00
FORD MOTOR CREDIT	Unsecured	8,350.00	8,740.67	8,740.67	0.00	0.00
GM FINANCIAL	Unsecured	10,000.00	NA	NA	0.00	0.00
HBLC	Unsecured	2,100.00	NA	NA	2,100.00	0.00
IL DEPT OF EMPLOYMENT SECURITY	Unsecured	0.00	3,929.00	3,929.00	0.00	0.00
ILLINOIS INSURANCE CENTER	Unsecured	109.00	NA	NA	0.00	0.00
ILLINOIS TITLE LOANS INC	Secured	1,500.00	1,577.89	1,500.00	135.92	31.78
ILLINOIS TITLE LOANS INC	Unsecured	NA	NA	77.89	0.00	0.00
INTERNAL REVENUE SERVICE	Priority	977.00	16,705.68	16,705.68	0.00	0.00
INTERNAL REVENUE SERVICE	Unsecured	6,000.00	12,581.87	12,581.87	0.00	0.00
JRSI INC	Unsecured	3,285.73	NA	NA	0.00	0.00
MILE SQUARE HEALTH CENTER	Unsecured	28.32	NA	NA	0.00	0.00
NATIONWIDE CREDIT & COLLECTION	Unsecured	312.20	NA	NA	0.00	0.00
NICOR GAS	Unsecured	NA	705.50	705.50	0.00	0.00
NORTHWESTERN MEDICINE	Unsecured	2,598.46	NA	NA	0.00	0.00
NORTHWESTERN MEMORIAL HOSPITAL	Unsecured	3,295.53	NA	NA	0.00	0.00
PHYSICIANS IMMEDIATE CARE	Unsecured	365.00	NA	NA	0.00	0.00
PRECISION RECOVERY ANALYTICS	Unsecured	715.00	NA	NA	0.00	0.00

<b><u>Scheduled Creditors:</u></b>						
Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
PREMIER BANK	Unsecured	511.00	NA	NA	0.00	0.00
PREMIER DENTAL CLINIC	Unsecured	949.80	NA	NA	0.00	0.00
QUANTUM3 GROUP LLC	Unsecured	351.00	331.94	331.94	0.00	0.00
ROBERT L MATIAS JR DDS	Unsecured	36.50	NA	NA	0.00	0.00
RUSH OAK PARK	Unsecured	1,034.51	NA	NA	0.00	0.00
SANTANDER CONSUMER USA	Unsecured	11,000.00	NA	NA	0.00	0.00
ST IL TOLLWAY AUTHORITY	Unsecured	64.30	NA	NA	0.00	0.00
TCF NATIONAL BANK	Unsecured	71.00	NA	NA	0.00	0.00
THE MOBILE SOLUTION	Unsecured	NA	250.00	250.00	0.00	0.00
T-MOBILE/T-MOBILE USA INC	Unsecured	400.00	NA	NA	0.00	0.00
UIC PATHOLOGY	Unsecured	96.80	NA	NA	0.00	0.00
UNITED FINANCIAL SERVICE	Unsecured	250.00	NA	NA	0.00	0.00
UNIVERSITY OF IL HOSPITAL	Unsecured	312.20	NA	NA	0.00	0.00
US CELLULAR	Unsecured	856.00	NA	NA	0.00	0.00
VILLAGE OF NORTH RIVERSIDE	Unsecured	100.00	NA	NA	0.00	0.00

<b><u>Summary of Disbursements to Creditors:</u></b>			
	<u>Claim Allowed</u>	<u>Principal Paid</u>	<u>Interest Paid</u>
<b>Secured Payments:</b>			
Mortgage Ongoing	\$0.00	\$0.00	\$0.00
Mortgage Arrearage	\$0.00	\$0.00	\$0.00
Debt Secured by Vehicle	\$16,333.00	\$1,714.96	\$504.84
All Other Secured	\$0.00	\$0.00	\$0.00
<b>TOTAL SECURED:</b>	<b>\$16,333.00</b>	<b>\$1,714.96</b>	<b>\$504.84</b>
<b>Priority Unsecured Payments:</b>			
Domestic Support Arrearage	\$0.00	\$0.00	\$0.00
Domestic Support Ongoing	\$0.00	\$0.00	\$0.00
All Other Priority	\$16,705.68	\$0.00	\$0.00
<b>TOTAL PRIORITY:</b>	<b>\$16,705.68</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>GENERAL UNSECURED PAYMENTS:</b>	<b>\$28,256.42</b>	<b>\$0.00</b>	<b>\$0.00</b>

<b><u>Disbursements:</u></b>	
Expenses of Administration	<u>\$4,176.20</u>
Disbursements to Creditors	<u>\$2,219.80</u>
<b>TOTAL DISBURSEMENTS :</b>	<b><u>\$6,396.00</u></b>

12) The trustee certifies that, pursuant to Federal Rule of Bankruptcy Procedure 5009, the estate has been fully administered, the foregoing summary is true and complete, and all administrative matters for which the trustee is responsible have been completed. The trustee requests a final decree be entered that discharges the trustee and grants such other relief as may be just and proper.

Dated: 03/06/2018

By: /s/ Tom Vaughn

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Trustee

**STATEMENT:** This Unified Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.